

Case Number:	CM15-0133181		
Date Assigned:	07/21/2015	Date of Injury:	09/08/2013
Decision Date:	08/17/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who sustained an industrial injury on 9/8/2013 resulting in left hand and finger pain with numbness and tingling. She was diagnosed with carpal tunnel syndrome of the left hand; left wrist and finger flexor tendonitis; and, subsequently, left chronic median mononeuropathy at the wrist. Treatment has included left-sided carpal tunnel release from which she reported improvement; participation in a functional restoration program with reported improvement in strength and pain management; physical therapy; home exercise; and, medication. The injured worker continues to report left hand pain, stiffness and swelling. The treating physician's plan of care includes a home exercise mat, light weight dumbbells, exercise ball and theracane. Work status is not provided, but a full RTW was planned.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Exercise mat (at least 3/8 inch thick): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46, 47/98, 99.

Decision rationale: MTUS Guidelines are very supportive of an independent exercise program for the management of persistent pain. This individual has completed a functional restoration program and was reported to be very motivated in the physical conditioning aspect of the program. This request is for a simple non specialized tool to facilitate the Guideline supported independent program which is an extension of her functional rehabilitation. Under these circumstances, the request is consistent with Guideline recommendations and the Exercise mat (at least 3/8 inch thick) is medically necessary.